Attachment 8 – Miner Identification Document – Form 2.9

Form Approved OMB No.: 0920-0020 Exp. Date xx/xx/20xx

DEPARTMENT OF HEALTH AND HUMAN SERVICES NIOSH CALL TORES FOR DIASE CONTROL AND PREVENTION NIOSH NATIONAL INSTITUTE FOR OCCUPTINAL SAFETY AND DEALTH NIOSH DIRECTIONS FOR FACILITY: NIOSH PLEASE MARE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND Tore Market Sure That ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND RADIOGRAPH/SPIROMETRY RESULTS TO: Facility Name Unit Number Image Type Radiograph Program Date of Radiograph MM/DD/YVYY) Digital Diffections FOR THE MINERS Sex PLEASE MARE SURE THAT AND MARE ANY CORRECTIONS To THE MINERS Miner's Social Security Number PLEASE COMPLETE AND MARE ANY CORRECTIONS Full SN is optional; list 4 digits are required. M m F Miner's Name (Last) (First) (Min) Birth Date (MM/DD/YVY) Miner's Telephone Number	MINER IDENTIFICATION DOCUMENT	FOR NIOSH USE ONLY					
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I wish to participate in the Coal Workers' Health Surveillance Program conducted under Section 203 of the Federal Mine Safety and Health Act of 1977 (30 U.S.843). I understand that a report of my radiograph will be mailed to me and my health information will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.							
Signature	Date Signed (MM / DD /YY	YY) / / /					

CDC/NIOSH	(M) 2.9
Rev. 01/15	

--> Please complete Form on Reverse Side <--

Coal Mining Job History											
COAL MINE JOB MINE NAME/COMPANY				YE	ARS	UNDERGROUND					
Please List in Order Any	y Coal Mine	Job You Have	e Held and M	1ine Name	e Chart	E. J				SURFACE	
(if information is provided please correct and/or update)			Start Year	End Year	Face	Nonface	Surfac e	COAL MINE			
Example	_		1-		1985	1990	X				
Continuous Miner O	perator	Mine Name	e/Company								
Have You Ever Worked	in Any Min	e Other than	Coal?	No No	Yes	lf	Yes, please r	ecord numb	er of years	s worked:	
Metal mines	Surface		years v	worked	Nonmetal min (For example,	nes	Surface		years	worked	
(For example, lead, copper, gold, silver)	Undergrou				salt, phosphate, limestone)		Underground	d years worked			
Have You Ever Worked	for More th	an 1 Year in <i>I</i>	Any Other D	ousty Job?	? 🗌 No	Ye	s If Yes,	please reco	rd number	of years:	
Work with asbestos, vermiculite or talc years			In foundry, pottery, or abrasive years					years			
Tunneling, drilling, quarrying, sand blasting years			Welding, cutting, or grinding metals					years			
Road construction, jack	c hammer, n	nasonry saw		years	Other dusty j	iob (please	e specify)			years	

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.

CDC/NIOSH (M) 2.9, Rev. 01/15